



PHA 24,314

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Gust H. Bardy et al.

Art Unit: 3762

Serial No.: 09/441,936

Examiner: Kristen Mullen

Filed : November 17, 1999

For : EXTERNAL ATRIAL DEFIBRILLATOR AND METHOD FOR
PERSONAL TERMINATION OF ATRIAL FIBRILLATION

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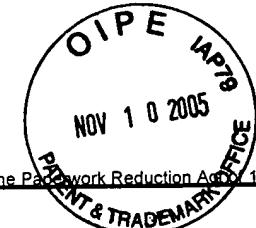
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AMENDMENT AFTER FINAL ACTION

Dear Sir:

In response to the Office Action mailed August 23, 2005,
please amend the claims of the above-captioned patent
application to read as indicated below.

AP
ZMW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/441,936		
Filing Date	November 17, 1999		
First Named Inventor	Gust H. Bardy		
Art Unit	3762		
Examiner Name	Kristen Mullen		
Total Number of Pages in This Submission	12	Attorney Docket Number	PHA 24,314

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Receipt Confirmation Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
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Printed name	W. Brinton Yorks, Jr.		
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